

# DPHHS HAN

## Information Sheet



### DATE

Apr. 23, 2025

### SUBJECT

First case of *Candida auris* reported in Montana

### BACKGROUND

*C. auris* is a life-threatening, highly transmissible, often multidrug resistant yeast that has caused outbreaks in healthcare facilities that can be difficult to control. Patients in healthcare facilities can be asymptomatically colonized with *C. auris* and can spread it to other patients. Patients requiring long term acute care and indwelling devices are at the highest risk for acquisition. Invasive infections with any *Candida* species can be fatal. Importation from affected domestic or international healthcare settings can be an initial source of introduction of *C. auris* to a region and subsequent healthcare transmission may occur due to lapses in infection control practices.

### INFORMATION

The Montana Department of Public Health and Human Services (DPHHS) is issuing this Health Alert Network Health Advisory about the identification of [Candida auris](#) (*C. auris*) in a Montana resident on April 18, 2025. Based on the available information, it is believed that this patient acquired *C. auris* during an out-of-state hospitalization. Currently, the DPHHS is not aware of any local transmission within Montana. Information may change as the investigation proceeds.

The DPHHS and local and tribal public health jurisdictions are working with the involved individual and healthcare facilities to assess and optimize infection prevention practices and to perform screening of other close contacts. The DPHHS strongly recommends that all healthcare facilities optimize infection prevention practices to prepare for safe admission and care of patients who are infected or colonized with *C. auris*.

### RECOMMENDATIONS

#### Recommendations for Clinicians

- Be aware that *C. auris*, an emerging often multidrug-resistant fungal pathogen, has caused outbreaks that are difficult to control in healthcare facilities in the U.S.
- Screening may be recommended for potentially exposed patients or those at high-risk for acquiring *C. auris*. It is recommended that you consult with your local or tribal health department for guidance.
- Strictly adhere to routine healthcare [infection prevention activities](#), which are effective in preventing spread of *C. auris* in healthcare facilities. Reinforce and audit core infection prevention practices in healthcare facilities.
- Ensure your healthcare facility optimizes infection prevention practices that are proven to prevent transmission of *C. auris*, including hand hygiene, transmission-based precautions, environmental cleaning, and cleaning and disinfection of reusable medical equipment.
  - Patients with suspected or confirmed *C. auris* in healthcare facilities should be managed using [Contact Precautions](#) and placed in a single room, with their own restroom whenever possible.

- When *C. auris* is suspected, use [healthcare disinfectants that are effective against \*C. auris\*](#) and follow disinfectant instructions for use including proper precleaning, dilution, and wet time.
- Remain vigilant for any increase in *Candida* results in a patient care unit, including from non-sterile sites, and consider *C. auris*. Review *Candida* speciation options with your lab. *Candida* isolates requiring speciation can be sent to the MTPHL.
- [Communicate information](#) about colonization or infection with *C. auris* during care transitions within and transfers between healthcare settings. Consider using the [CDC Interfacility transfer form](#).
- Decide which patients or residents to [screen](#) and how often to perform screening should be based on several factors. Important considerations include local *C. auris* epidemiology and burden, epidemiologic linkages to other cases, patient risk factors, and the purpose of screening. When risk factors for *C. auris* are identified, coordinate any *C. auris* screening and testing with your local or tribal public health jurisdiction.
- Consider an infectious disease consultation to discuss [treatment options](#) for patients with invasive *C. auris* infections. Even after treatment, patients generally remain colonized with *C. auris* for long periods, and perhaps indefinitely.
- Immediately report any suspected or confirmed *C. auris* cases or outbreaks to your local or tribal public health jurisdiction. ***C. auris* is a reportable condition in Montana as outlined in [ARM 37.114.203](#)**

## Recommendations for Clinical Laboratories

- For laboratories working with suspect or confirmed *C. auris*, observe [safety considerations](#) including recommended PPE, disinfection, and disposal.
- Be aware that *C. auris* can be misidentified through commercial laboratory testing and [specific technology](#) is needed for correct identification.
- Laboratories can [easily misidentify \*C. auris\* when](#) using traditional phenotypic methods for yeast identification, such as the VITEK 2 YST, API 20C, BD Phoenix yeast, and Microscan platforms. An increase in infections from unidentified *Candida* species in a patient care unit, including increased identification of *Candida* from urine specimens, should prompt suspicion for *C. auris*.
- Review *Candida* speciation testing options, isolates requiring speciation can be sent to the MTPHL.
- Sentinel labs are encouraged to submit non-albicans *Candida* species to the Montana Public Health Laboratory (MTPHL) for further surveillance testing, including species identification.
- **All *C. auris* isolates must be sent to the MTPHL for confirmation of disease as outlined in [ARM 37.114.313](#). Please work with your local or tribal public health jurisdiction prior to sending isolates.**

## Recommendations for Local and Tribal Health Departments

*C. auris* is immediately notifiable to DPHHS. Call the CDEpi/ICP/HAI 24-hour On Call phone number (406-444-0273) to report any suspected case of *C. auris* to ensure rapid testing and case investigation. DPHHS will report *C. auris* cases to CDC.

- Work closely with ICP/HAI to coordinate specimen collection and testing at MTPHL, as needed.
- If confirmed *C. auris* is identified, conduct active surveillance for additional (secondary) cases and facilitate transportation of specimens immediately to confirm diagnosis.
- Record and report details about cases of *C. auris*, including adherence to recommended precautions and healthcare exposures.